

FACULTY & STAFF INCIDENT REPORTING

Reporting Requirements

1. Any student incidents involving unsafe patient care need to be reported immediately to the Associate Dean for Undergraduate Studies (or Associate Dean for Graduate Studies) in addition to filling out appropriate institutional forms.
2. If death of a faculty member, student, staff member, or his/her immediate family occurs, the Dean of the School of Nursing needs to be notified immediately.
3. If any student is suspected of taking harmful or illegal drugs and shows evidence of these medications in their practice, the student needs to be escorted to Wellness 360 for verification and the behavior documented. All information will be given to the Associate Dean for Admissions and Student Services for immediate action.

Emergent

1. Attend to the person in medical crisis.
 - a) Dismiss class/group for a recess to complete an assessment and make decisions regarding nature and/or resolution of the emergency.
2. Ask another person to call UT Police Emergency Line:
 - a) From a cell phone: *dial* (210) 567-8911
 - b) From any campus phone: *dial* 911
3. Tell the UT Police Dispatcher that there is a medical emergency at _____. Give as exact a location as possible, and the following information:
 - a) The type of emergency (e.g., a fall, chest pain, seizure, etc.)
 - b) Person's name, age, and gender,
 - c) If the person is conscious or unconscious,
 - d) If the person is breathing or not breathing,
 - e) If EMS should be called.
4. The UT Police dispatcher calls EMS. UT Police arrive to assist and direct EMS to the location. If EMS is not needed, ask the UT Police to cancel the call.
 - a) Life threatening occurrences require EMS to transport.

Non-Emergent

1. For non-urgent care, notify Wellness 360 to arrange for an assessment. Depending on the proximity of the incident from Wellness 360, transportation by wheelchair or ambulance may be required.
2. Transportation by family may be acceptable for non-urgent care. Transportation by faculty, staff, or students are prohibited.

** All EMS and medical assessment costs and/or charges are the responsibility of the patient.*

Responsibilities for Emergent and Non-Emergent Incidents:

1. Faculty are responsible for resolving the situation appropriately according to procedure and policy. It is NOT the faculty's responsibility to continue to monitor the person involved when EMS is on scene.
2. Faculty will complete a *Medical Assessment Declination Form* if a student refuses the faculty member's advice. The student will sign the form to acknowledge their declination for a medical assessment.
3. Faculty will advise the student when a physician clearance note will be required to return to school activities upon their return.
4. Faculty will complete an *Occurrence/Incident Report*. The completed report will be submitted to the respective Associate Dean for signature and forwarded to the Director of Business Operations where it will be logged. The *Occurrence/Incident Report* is a confidential document that is not to be kept in the School of Nursing. The Dean's office will send the completed report to the Environmental Health and Safety Department for secure filing. Record retention schedules will be followed.
5. Faculty will debrief students, administration, and other faculty, as appropriate, as soon as possible following the occurrence.

Notification of administration should be completed as follows:

1. Notify the Dean's Office immediately at (210) 567-5800 between 8:00am-5:00pm weekdays.
2. Notify the Dean immediately if the emergency has resulted in severe injury, illness, or death - even after hours.
3. Notify the Associate Dean for Admissions and Student Services if a student is the injured or ill person.

Below is the link for faculty and staff incident reporting:

<https://wp.uthscsa.edu/safety/workers-compensation/>

Attachment 1

UTHSCSA SCHOOL OF NURSING OCCURRENCE / INCIDENT REPORT
(Please print all information)

DATE & TIME: _____

NAME OF PERSON INVOLVED: _____

HSC BADGE ID: _____ AGE: _____ GENDER: _____

STATUS OF PERSON INVOLVED: *(i.e. Employee, Student, C.E. Participant, Visitor, Guest Lecturer, etc.)*

EMERGENCY CONTACT & TIME NOTIFIED: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

DESCRIBE WHAT HAPPENED: *(Describe location, time, and sequence of activities leading up to the Occurrence)*

LIST ALL WITNESSES: *(List names of individuals present with addresses and phone numbers.)*

UTHSCSA SCHOOL OF NURSING OCCURRENCE / INCIDENT REPORT (Continued)

OBSERVATIONS ABOUT PERSON INVOLVED: *(describe factual, subjective & objective observations)*

WHAT ACTION WAS TAKEN? *(i.e. EMS called, ice applied, etc.)*

RESOLUTION/OUTCOME: *(i.e. EMS, peers, or family transported patient to medical facility, etc.)*

Printed Name of Faculty/Administrator Reporting Signature of Faculty/Administrator Reporting Date

Printed Name of Administrator Notified Signature of Administrator Notified Date

**Send this completed form to the Dean's Office immediately.
OCCURRENCE REPORT MUST INCLUDE RESOLUTION OR OUTCOME**



Faculty Member’s Advice for Medical Attention

I (faculty member’s name) _____ have discussed the reason for advising the student to seek medical attention. This medical episode involved (student’s name) _____ on (date) _____ while participating in student activities.

The student does not want to seek medical attention.

Faculty Member’s Signature _____
Date _____

Student’s Acknowledgment to Decline Medical Attention

I (student’s name) _____ have been advised to seek medical attention after a medical episode during student school activities occurring on (Date)_____.

I acknowledge that I have been warned about the danger to my health in leaving without a medical assessment.

I acknowledge that I am leaving against my faculty member’s advice.

I am providing an informed refusal to not seek medical attention.

Student’s Signature _____
Date _____